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**** CONTINUING DATA *******

This application is a DIV of 09/374,563 08/13/1999 PAT 6,626,901
 which is a CIP of 09/035,691 03/05/1998 ABN
 which claims benefit of 60/038,589 03/05/1997

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ******** 08/15/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 14	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials		

ADDRESS

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TITLE**ELECTROTHERMAL DEVICE FOR COAGULATING, SEALING AND CUTTING TISSUE DURING SURGERY**

<input checked="" type="checkbox"/> All Fees
<input checked="" type="checkbox"/> 1.16 Fees (Filing)

FILING FEE RECEIVED 477	FEES: Authority has been given in Paper	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
	No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> 1.18 Fees (Issue)
	No. _____ for following:	<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit